

**Issue Classification**

<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>(Assistant Examiner)</div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>(Date)</div> </div> </div> </div>		<div style="text-align: center;">   <b>RICKY L. MACK</b>  <small>(Primary Examiner)</small>  <b>PRIMARY EXAMINER</b> </div>		<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>(Date)</div> </div>		<div style="text-align: center;"> <b>Total Claims Allowed: 40</b> </div>	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>(Legal Instruments Examiner)</div> </div> <div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>(Date)</div> </div> </div> </div>		<div style="text-align: center;">   <b>RICKY L. MACK</b>  <small>(Primary Examiner)</small>  <b>PRIMARY EXAMINER</b> </div>		<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>(Date)</div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>O.G. Print Claim(s)</div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>48</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>O.G. Print Fig.</div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div>10, 12</div> </div> </div>	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1	15	31	37	61		91		121		151		181		
	2	16	32	38	62		92		122		152		182		
	3	17	33	39	63		93		123		153		183		
	4	18	34	40	64		94		124		154		184		
	5	19	35	41	65		95		125		155		185		
	6	20	36	42	66		96		126		156		186		
	7	21	37		67		97		127		157		187		
	8	22	38		68		98		128		158		188		
	9	23	39		69		99		129		159		189		
	10	24	40		70		100		130		160		190		
	11	25	41		71		101		131		161		191		
	12		42		72		102		132		162		192		
	13		43		73		103		133		163		193		
	14		44		74		104		134		164		194		
1	15		45		75		105		135		165		195		
2	16		46		76		106		136		166		196		
3	17		47		77		107		137		167		197		
4	18	26	48		78		108		138		168		198		
5	19	27	49		79		109		139		169		199		
6	20	28	50		80		110		140		170		200		
7	21	29	51		81		111		141		171		201		
8	22	30	52		82		112		142		172		202		
9	23	31	53		83		113		143		173		203		
10	24	32	54		84		114		144		174		204		
11	25		55		85		115		145		175		205		
	26	33	56		86		116		146		176		206		
12	27	34	57		87		117		147		177		207		
13	28		58		88	43	118		148		178		208		
	29	35	59		89		119		149		179		209		
14	30	36	60		90		120		150		180		210		